

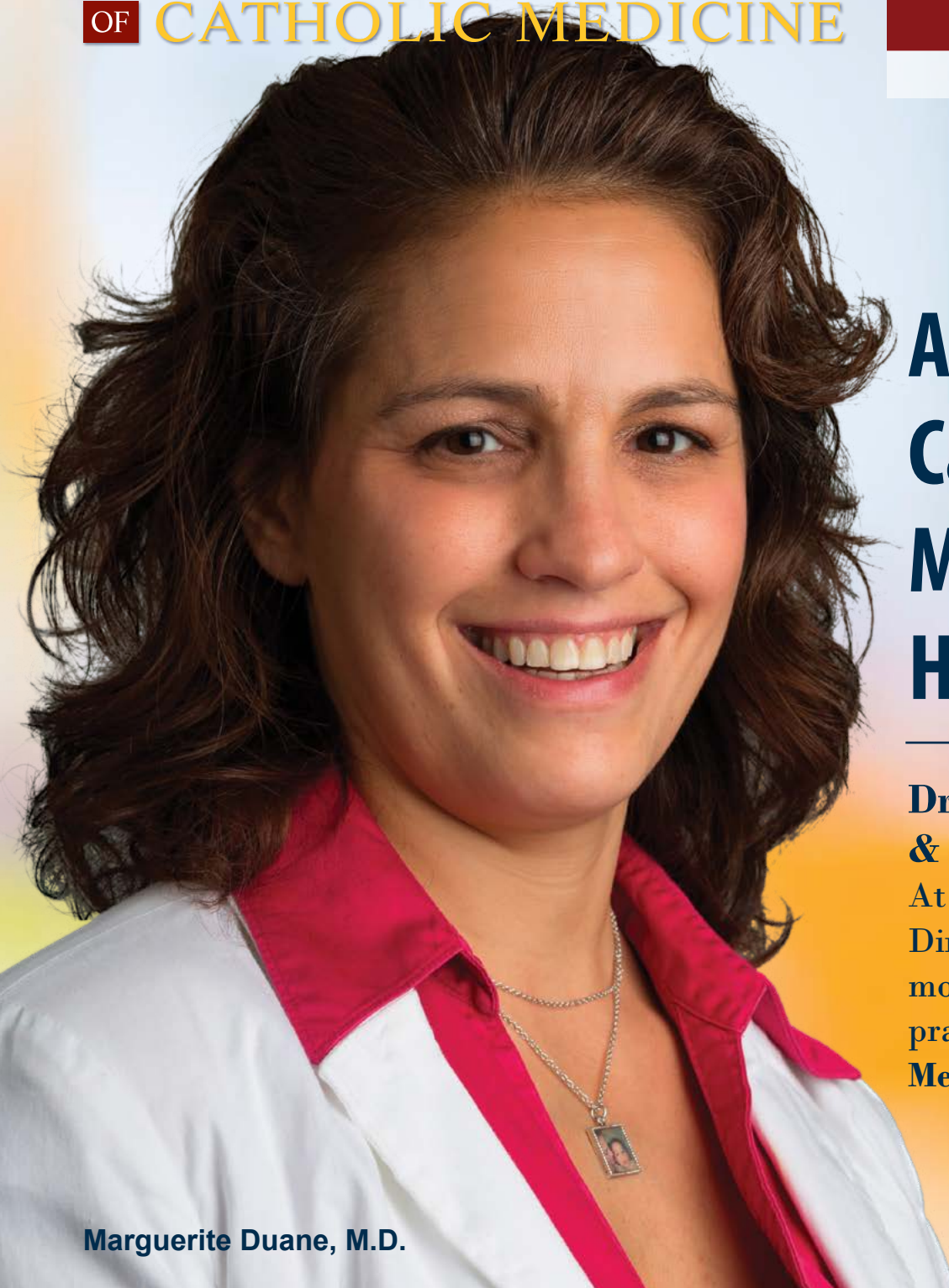
The Pulse

OF CATHOLIC MEDICINE



CATHOLIC
MEDICAL
ASSOCIATION

SUMMER 2018 ISSUE 2



Marguerite Duane, M.D.

Alternative Catholic Models for Health Care

**Drs. Marguerite Duane
& Matthew Haden:**
At the forefront of the
Direct Primary Care
model through their
practice **Modern Mobile
Medicine**

Health Share Ministries
Catholic Options for Moral
Health Coverage

The Time is Now
Catholic Alternative Models
for Women's Health Care

Is It Possible?
Alternative Board
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Leadership Meeting and Boot Camp: Sharing Your Passion and Talent with the CMA - 13

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DEAR CMA MEMBERS AND FRIENDS,



As I reflected upon our upcoming annual educational conference, *Restoring Healthcare in a Technocratic Age: Building Parallel Structures to Deliver Compassionate Care*, my thoughts drifted back to the past and to the beginning of modern medicine. Prior to Christianity, no hospitals existed. The leading expert on the early history of the hospital, Dr. Gary Ferngren, clearly asserts, “The hospital was, in conception, a distinctively Christian institution, rooted in concepts of charity and philanthropy. There were no pre-Christian institutions in the ancient world that served the purpose that Christian hospitals were created to serve.”

Christ, the Divine Physician, instructed his followers by both word and example. Jesus went out curing the sick and he gave his disciples the commission to do the same. “Whenever you enter a town and they receive you.... heal the sick in it and say to them, ‘The kingdom of God has come near to you.’” (Luke 10:8-9) Christ’s followers did as their Master commanded them.

Soon after Christianity was legalized by the Edict of Milan, Christians began building not only churches but also hospitals. Health care became available to all. Mike Aquilina, the renowned Catholic author, superbly explores the origins of medicine and our Catholic faith in his recent book, *The Healing Imperative: The Early Church and the Invention of Medicine*. It is this “healing imperative” given by Christ that revolutionized the practice of medicine. Aquilina makes some fascinating points. He relates that Christian physicians were distinct from their medical peers, not in what they did, but in what they refused to do. They refused to prescribe contraceptives, perform abortion, assisted suicide, infanticide and one more thing — they refused to turn patients away. Christian physicians were instructed by their bishops to care for all and not just those in the household of faith.

Fast forward from the past to our present time. A vast array of challenges faces those of us in the practice of medicine. Some of these challenges are surprisingly similar to those of early Christian doctors and others are unimaginably different. It is, however, the commission of the Divine Physician, which will again enable us to lead the charge in re-evangelizing medicine. Aquilina highlights the fact that the pre-Christian world had all the material resources needed to originate the concept of the hospital, but they lacked the spiritual resources. “They lacked a belief in charity — self-giving love — as a share in the life of God. They lacked the belief in human dignity.” It is also with spiritual resources that we will, in our day, envision and develop parallel structures for the delivery of compassionate care.

I look forward to being with all of you at this year’s annual educational conference in Dallas, chaired by Dr. John Schirger, as we delve into this timely theme with such a stellar lineup of speakers.

Sincerely in Christ,

Peter T. Morrow, M.D.

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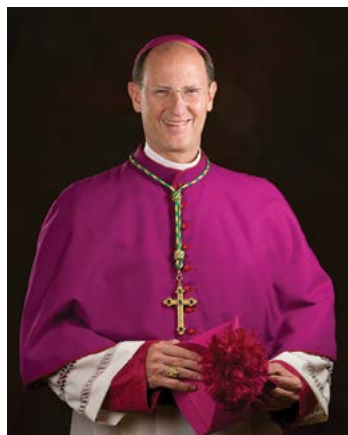
Deacon Bruno Schettini, M.D.

The views and opinions expressed in this magazine are solely those of the authors and do not necessarily represent those of the CMA.

The Time is Now: Catholic Alternative Models for Women's Health Care

By

BISHOP JAMES D. CONLEY



IN THIS 50TH ANNIVERSARY YEAR OF THE historical papal encyclical by Blessed Paul VI, *Humanae Vitae*, it is incumbent upon us to rise up and answer its beautiful and prophetic call, to create new alternative Catholic health care models that restore God to the center of all faithful medicine.

The disintegration of families, abdication of responsibility by so many men and fathers, widespread divorce, negative treatment of women, and the immeasurable destruction caused by abortion coupled with the fact that

fundamental desires have been written into every human heart and are not being met, society has never been more prepared and willing to listen to the message of *Humanae Vitae*. During this critical time in history when women's health care is being debated and redefined, we as Catholics have a responsibility to take back this narrative. Our clinics must create a niche of care that is both competitive and appealing to secular women and families, responding to these universal desires of the human heart.

I continue to be inspired by the success of two such clinics; [Bella Natural Women's Care and Family Wellness](#) in Englewood, Colorado, a clinic that was just getting started when I was the Auxiliary Bishop of Denver, and [St. Gianna Clinic](#), under the guidance of my brother bishop and good friend, Bishop David Ricken in Green Bay, Wisconsin.

These new clinics are mission-focused and mission-driven; each responds to their community's needs and provides authentic Catholic health care. Bella provides a safe environment welcoming a wide variety of patient profile, from the woman who is living on the streets to the wealthy suburbanite. As a comprehensive family clinic, St. Gianna's has endless opportunities to witness to the truth, from the beauty of God's gift of fertility, to the hard decisions people have to make at the end of life, and to everything in between.

Catholic alternative models of health care are not just good for women's health care, but also for health care in general. Our task is to practice the best medicine with excellent service as we help people understand that faith based medicine makes a difference because faith based medicine is more complete. It requires that people understand that faith influences how medicine is practiced and delivered. If we can establish good clinics founded upon the truths of our faith, people will flock to these alternatives.

To that end, we want to promote more collaboration among professional groups and be willing to share knowledge and resources, so that more of these

clinics can evolve. We want to encourage medical students to consider obstetrics and gynecology through organizations like the Fertility Appreciation Collaborative to Teach the Science known as FACTS. We need to show them that they can have a viable career as a faithful Catholic to ensure that these clinics will continue to have the professional resources they need to grow. We must continually have recourse to the science and technology available and, through collaboration with other faithful providers across the country, conduct more testing and research.

The time is ripe to bring together the greatest minds from medicine, law, business and theology under the guidance and support of our bishops, to formulate the very best models for Catholic health care — models that are sustainable and replicable. Now is the time to rise up, inspired by the Holy Spirit and our Blessed Mother, to create entirely new approaches that will not only bring faithful medicine to our people, but to bring our people to a deeper relationship with God.

ST. GIANNA CLINIC, WHICH OPENED ON JUNE 29, 2015 in Green Bay, Wisconsin, is a nonprofit clinic affiliated with the Catholic based HSHS St. Mary's Hospital Medical Center. It is a lay apostolate commissioned by the Most Rev. David L. Ricken, the Bishop of Green Bay, as a Catholic teaching clinic to serve two important missions: to provide faithful medical care; and to witness to the truth of the Catholic faith as it pertains to medicine. Physicians and staff members understand their work as a vocation, fulfilling the Gospel call to missionary discipleship. Outreach to the community through witness, service and teaching illustrates how faith and medicine are intertwined. As an approved Catholic clinic, St. Gianna Clinic collaborates on many projects in the Diocese, such as creating booklets and prayer cards centered on family health, as well as co-sponsoring the 50th Anniversary Celebration of Humanae Vitae. Patient numbers have steadily increased over the past two years, despite significant space and staff limitations. A major expansion recently began to accommodate this rapid growth, while the search for more physicians and staff continues.



Clinic physicians: Dr. Robin Goldsmith (center) with Dr. Melissa Weidert (left) and Dr. Scott Stillwell (right), with the Guardian of Excellence Award the clinic received this year from Press Ganey.



From Left: Sharon Sabin, MSN, N.P.; Leigh Bauer, D.O., FACOG Medical Director; Kathleen McGlynn, M.D. NaPro Specialist; Dede Chism, MSN, N.P. Executive Director, Co-Founder; Maria Moran, MSN, CNM; Abby Sinnett, M.S., WHNP, Associate Director, Co-Founder; Sarah Hodack, M.D., Family Medicine

BELLA IS A NON-PROFIT MEDICAL CLINIC UNDER the group ruling of the United States Conference of Catholic Bishops and the Archdiocese of Denver. Bella opened in December of 2014 initially as a women's clinic only. Due to the high demand, Bella added comprehensive family medicine services in October of 2016. By embracing the dignity of all patients, promoting healing and wellness, using natural yet scientific methods with sincere compassion for the sanctity and dignity of life, Bella has seen tremendous growth since opening. Far surpassing an estimated 1,000 new patients each year, Bella has now seen over 5,100 patients in its three and a half year existence. Additionally, Bella has contracted with Catholic Charities of Denver to provide comprehensive services for its two former crisis pregnancy centers which now serve as satellite clinics.

HEALTH SHARE MINISTRIES

Catholic Options for Moral Health Coverage

By
ERIN MAGUIRE

ALLIANCE OF HEALTH CARE SHARING MINISTRIES CITED THE FACT THAT MORE THAN ONE MILLION AMERICANS HAVE opted for health care sharing ministries that align with their values and budgets, and are tax-exempt. Two of those ministries are Catholic.

CMF CURO

“Catholics can become part of a health care community that is faithful to Catholic teaching. They’re not paying for people to have abortions, obtain contraception, sterilization, or assisted suicide,” explained Michael O’Dea, co-founder of the nation’s first Catholic health sharing ministry, [CMF CURO](#), which launched out of Christ Medicus Foundation (CMF) and Samaritan Ministries International (SMI) in 2014.

“Catholic health care sharing is also more economical and is particularly advantageous to large Catholic families — whether the family has one child or 10, they pay the same share amount each month,” he added.

O’Dea achieved his life dream in 1998, after decades of work in the health insurance industry, with the establishment of CMF — a longtime consultant and supporter partner of the CMA, and forerunner in Catholic health care education, public policy, and health care sharing ministry support. CMF promotes Christ-centered, Catholic-minded health care and health sharing “empowering individual rights of conscience and religious liberty in daily life for all, in all we do.”

CMF partnered with SMI, an evangelical health care sharing ministry, to initiate CMF CURO in response to the Affordable Care Act (ACA) of 2010, which mandated Americans buy health insurance or pay a penalty. SMI met the ACA requirement of being established prior to 1999. While all major health care providers cover immoral, anti-life procedures, CURO, from the Latin “to heal,” meets the ACA exemption and offers Catholics an alternative — the opportunity to share health costs within a faithful community.

Each month, CURO members contribute shares based on their status as individual, couple, or family, and their budget, choosing the share level of “classic” or “basic.” Sharers are direct-pay patients and must present CMF CURO cards to their providers who code their services and determine and negotiate the pay amount with members. SMI then publishes sharer needs in its monthly newsletter and assigns members to pay monthly shares to those in need. The patient receives a list of all checks sent to his online account, and then uses his CMF CURO credit card to pay for the service.

In addition to sharing health care costs, CURO members also pray for each other and may send letters of encouragement. Members are required to take faith seriously and also practice a healthy lifestyle. They are accountable to a pastor or church leader for their commitment, and a new member must sign a Church Leader Verification Form attesting to all of the CMF CURO requirements when the person applies.

O’Dea’s dream is bigger than just a health care sharing ministry: “We have a comprehensive new way of making sure we have Catholic health care in the future.”

Dr. Robin Goldsmith, CMA state director of Wisconsin, is happy to have co-founded a clinic which readily recognizes the CMF CURO health care sharing ministry. Dr. Goldsmith, an anesthesiologist, is the president and chief medical officer of the St. Gianna clinic in Greenbay, Wisconsin, which offers comprehensive family care including NaProTechnology.

“Faith and medicine are completely intertwined,” she said. She believes now is a critical time to find alternative models of health care that do not violate one’s conscience. “I think Catholic health care sharing ministries is one of them.”

SOLIDARITY HEALTHSHARE

Chris Faddis, co-founder and chief operating officer for [Solidarity HealthShare](#), is of the same mind. He experienced the generosity of 400 people who donated online to help fund his first wife Angela's cancer treatment. The doctors and health care professionals were sympathetic, but could do nothing about the health care costs. Yet the Christian love of donors prolonged Angela's life for one year — and inspired the inception of Solidarity.

Begun in 2016, Solidarity partnered with Melita Christian Fellowship Hospital Aid Plan, a health care sharing ministry of a local church in Columbus, Ohio that was recognized by the Centers for Medicare & Medicaid Services. Through this partnership, Solidarity was able to obtain its own exemption, allowing it to have complete control over the entire ministry from ethics, to sharing guidelines, to payment of medical expenses. Solidarity already serves nearly 11,000 people. Faddis saw a jump in families joining health care sharing ministries after the ACA — from 200,000 families to 1 million — and noted that eliminating third parties reduces health care costs by 70 percent, saving some members \$1,000- \$2,500 each month.

Members pay a monthly contribution through online "Shareboxes." There is an annual first dollar amount that members do not share called an Annual Unshared Amount. This accumulates throughout the year, and is \$500 for a single, \$1,000 for a couple, and \$1,500 for a family. Members are eligible to share expenses when these amounts are met. They choose one of three levels of sharing depending on their budget; they must adhere to a healthy, faithful lifestyle, pray for each other, and may offer notes of reassuring support.

"One of the most important benefits is the community aspect — they're sharing health costs with people who would be sitting with them in church on Sunday, to a person, not for the profitability of a company," Faddis emphasized. "We also put the decision-making power back into members' hands. They are self-paying patients who decide which doctors to go to. We guide them in facilitating payment at doctors' offices."

Both companies admit they are not able to serve all populations, especially those suffering active cancer, mental health issues, or addictions. However, Solidarity meets

some needs of members with pre-existing conditions after one year on a limited basis and increases allowed sharing coverage yearly. For an added fee, it also provides health coaching to those suffering chronic illness in its Solidarity Well program.

Given the increase of mental illness and suicide cases throughout the U.S., Solidarity will be the first health care sharing ministry to share at some level in mental health beginning in July, when it releases its updated guidelines. Counseling and psychiatry will be shareable, but alcohol and drug rehabilitation are not yet available. Solidarity recognizes the influence of the Mental Health Parity Act, which demands coverage for both mental and physical health.

Faddis himself battled depression as a young adult when new job stress coincided with the death of one of his best friends in a car accident. Short-term medication helped him deal with the trauma.

"Whether or not we're prone to full-on depression, we need to respond to the Church's teaching and the call of the Gospel. Mental health is a part of that and we are called to help people through those sometimes chronic conditions."

Health care sharing ministries attract more than one million Americans and have the potential to reduce health care costs by 70%, saving some members \$1,000-\$2,500 each month.

He also mentioned re-evaluating the number of physical therapy treatments allowed for sharing and a long-term goal of helping new members with cancer.

"We're at the point that we as Catholics clearly have to protect our conscience. We're in a fight for our right of conscience as Catholics and Christians, and for people who don't realize their rights are compromised," Faddis said. "We are called not only to fight in policy to protect ourselves through law, but also to create innovative ways to improve health care and people's access to health care."

He noted one of Solidarity's most important relationships is with the CMA and its members.

"We have to band together, and we look to continue to support each other," he said. "We share the mission of restoring and rebuilding Catholic health care, which is at the core of each CMA doctor I've met."



Modern Mobile Medicine: At the Forefront of the Direct Primary Care Model

By
RENEE FOSS

THANKS TO AN ALTERNATIVE MODEL OF HEALTH care called Direct Primary Care (DPC), medicine is currently experiencing a renaissance in terms of restoring the quality of the doctor-patient relationship. DPC physicians do not accept insurance but rather offer their patients a membership-based approach to comprehensive primary health care. With the removal of insurance as a middleman, these physicians can give focused attention to a small number of patients and provide them care and support through every aspect of their

treatment plan.

For this reason CMA member Dr. Matthew Haden founded Modern Mobile Medicine, a Direct Primary Care practice that serves the Washington D.C. metropolitan area. He opened the practice two-and-half years ago with his colleague and fellow CMA member Dr. Marguerite Duane. Both are members of the St. Giuseppe Moscati D.C. Catholic Medical Guild.

“It lets me be the doctor I wanted to be — the one that I wrote about in my med school essays,” Dr. Haden explained.

Under the DPC model, physicians bypass the expensive and time-consuming documentation demands and administrative interference that accompany accepting insurance. They

also avoid the burdensome and sometimes privacy-invading patient data collection responsibilities that most plans require.

Ultimately, DPC physicians work for the patient — not for third-party payers like insurance or the government. DPC physicians save time and money on paperwork and overhead and pass these savings on to the patient. Patients reap the benefits of having privacy, ample time with their physician and not having to deal with billing approvals, deductibles and copayments.

What distinguishes Modern Mobile Medicine from other DPC practices is that it is exclusively house-call and telemedicine based.

Under insurance-based health care models, primary care physicians typically have a panel of 2,500-3,500 patients and see 20-30 patients per day rendering the average office visit only 15 minutes long. In contrast, Dr. Haden's current panel is about 250 patients and Dr. Duane's panel is about 60 patients. Their goal is to have between 500-600 patients each. Though their volume per week varies widely, a busy day for them would consist of seeing three patients face-to-face in their homes and practicing telemedicine with additional patients throughout the day. Examples of medical issues addressed through virtual care include following up on blood pressure, acute illness and checking in on patients.

"Doctors took care of issues like this by phone for years, but insurance doesn't have the mechanism to compensate physicians for this type of work," Dr. Haden said.

With the combined use of house calls and telemedicine, the Modern Mobile Medicine website describes the practice as both "retro" and "cutting-edge." Dr. Duane characterized it as "nineteenth-century health care in a modern setting."

Patients pay a monthly flat fee for membership. Dr. Haden's most common membership plan purchased is the individual standard membership and Dr. Duane's is the standard family membership. Patients benefit from extended visits, same-day and next-day visits, full access to their doctor via technology, annual physicals, and diagnostic and procedural benefits at no extra cost. The doctors have negotiated the best wholesale lab prices for the routine tests that patients require and work closely with specialists if necessary — even accompanying patients to these appointments.

Patients report great satisfaction with Drs. Haden and



"I became a family physician to get to know my patients ... It's very enriching. I have time to expand my knowledge. I don't have to *deal* with patients — I get to *care* for them."

— Dr. Marguerite Duane

into the doctor's office. Patients across the board praise the attentiveness and thoroughness of both physicians and their ability to find the cause of complex medical symptoms.

The doctors also derive great satisfaction from running a DPC, house call based practice. They learn more about their patients by seeing them in their home environments. By removing insurance as the middleman and utilizing an alternative method of health care, they form true relationships with their patients.

"I became a family physician to get to know my patients. And I do," said Dr. Duane. "It's very enriching. I have time to expand my knowledge. I don't have to *deal* with patients — I get to *care* for them."

Both Dr. Haden and Dr. Duane view DPC as the future of primary care medicine.

"I think that this will become the default model, the standard form of primary care," Dr. Haden said. "Having done this for a decade and seeing all these other different payment models, this is the only one that makes sense for everyone — makes more sense for the patient, more sense for the doctor, more sense for the third-party payers. Bottom line, they

really need to just get out of the way and let us do our jobs well. I think more and more doctors are going to go this route and that payment models will adapt around them."

Dr. Duane invites physicians who are tired of the bureaucracy of current health care systems to explore DPC. Another benefit of DPC, she mentioned, is that it pairs well with health sharing ministries such as CMF CURO and Solidarity HealthShare.

With raised awareness about DPC, insurance-based primary care providers may soon experience a decrease in their panel of patients — and Drs. Haden and Duane may, in turn, reach their target panel of patients, thus acquiring more opportunities to establish symbiotic relationships and thrive in the joy of practicing medicine.

To learn more about Modern Mobile Medicine visit www.modernmobilemedicine.com. To stay up-to-date about legislation regarding DPC and to find a DPC provider near you, visit: www.dpcfrontier.com.

Alternative Board Certification: Is It Possible?

By
LESTER RUPPERSBERGER, D.O., FACOG

BOARD CERTIFICATION FOR MEDICAL SPECIALTIES has been around since 1932 and there are now 24 boards for different specialties and sub-specialties. These boards came into existence in order to provide the public with information and assurance that those practitioners they may see have the knowledge and expertise to provide excellent care. Over the past 70 years, these boards have formed the American Board of Medical Specialties to oversee the 24 boards, their criteria to become certified, the examinations necessary to pass and the ongoing education necessary to become certified and maintain that certification.

With that background, these boards and their leaders have also created standards of care which are considered “good medicine” according to current and acceptable peer-reviewed literature. However, some of these standards violate the consciences and beliefs of many physicians. Issues such as contraception, abortion, sterilization, transgender medicine and physician assisted suicide are now engrained within those “standards of care” that are not only promoted, but required for ongoing maintenance of certification (MOC). Any physician wishing to be board certified has no alternative but to apply to these boards and pay significant fees to take the exams in order to become a “fellow” of whatever particular specialty or sub-specialty in which she or he is trained.

In other words, there is a mandated complicity involved in cooperating and financially supporting organizations that promote activities with which one inherently does not agree. Further, the MOC aspects are requiring private patient record information to be submitted through “safe” portals to the boards to contribute to the forma-

tion of new and more efficient health care systems, as well as evaluating the efficiency and economies of that particular physician’s practice, including effectiveness in communication.

At the fall educational conference, my presentation, *Alternative Board Certifications: Is it Possible?*, will give a

brief overview of the board certification process and then discuss forming an alternative organization that advances life-promoting principles consistent with the original Hippocratic Oath. There is no reason why another option cannot be made available to those who wish to no longer support a multi-million dollar organization which furthers an agenda of anti-life medical care. There are already several fledgling organizations that do offer alternative options, and a coalition of physicians and experts in health care are exploring the development of another conscience-protecting

prolife board to certify physicians in the same excellent and holistic standards proposed by Hippocrates more than 2,500 years ago. This new process will be less expensive, take less personal time and be less invasive into the private practices of physicians.

The process of a new board brings many challenges, not the least of which is recognition by hospitals which usually use board certification as a standard for obtaining privileges. However, our medical culture continues down a path upon which Hippocrates and his confreres would never travel. Physicians of good will and faithful dedication to the promotion of good and not harm to their patients deserve another option. Could this be an answer?

Dr. Lester Ruppensberger is a practicing Ob-Gyn in Pennsylvania and past president of the Catholic Medical Association. [His presentation will be held during the 1 p.m. breakout session on Saturday, Sept. 22 in Crystal Ball Room II.](#)



My Catholic Doctor

Virtual Medical Consultations Anytime, Anywhere and Always Catholic

By
KATHLEEN M. BERCHELMANN, M.D.

MY CATHOLIC DOCTOR IS ONE EXAMPLE OF AN alternative model for health care in which faith, technology and medicine unite to provide authentically Catholic medicine. This new telehealth company set to open Sept. 1 will bring a team of faithful Catholic medical providers to patients through video-based health consultation on almost any smartphone, computer, or tablet.

My Catholic Doctor is not a replacement for a primary care provider, rather it serves as a way to get a second opinion or consultation during those times when a patient is concerned about the opinion of their local health care provider. Most people are generally happy with their secular health care, but then something comes up — someone tells a patient she has to be on birth control to get acne medication, or tries to convince another that it is not reasonable to put a feeding tube in his aging mother. What to do? Consult My Catholic Doctor, and talk to a physician who will either provide treatment consistent with Catholic teaching, or advocate for the patient as he or she navigates the secular health care system.

In 2017, laws regarding medical licensure for interstate telehealth changed, making it easier for physicians and other health care providers to be licensed in multiple states. Telehealth laws are also rapidly changing, allowing for better reimbursement for virtual care. And patients are catching on to the ease, convenience and affordability of video chatting with their doctor on their smartphone. This opened the door for making My Catholic Doctor a reality.

At My Catholic Doctor, patients can find a Catholic physician to prescribe psychiatric medications, a Catholic therapist, and a spiritual director, all of whom can work together as a team to help patients heal body and soul. Our

HIPAA compliant telehealth platform allows for confidential and comprehensive behavioral health. Further, patients can receive emergency miscarriage and pregnancy loss support free of charge.

My Catholic Doctor physicians and advanced practice nurses can treat minor illness, and send patients to local labs and imaging centers as needed providing convenient care for minor illnesses such as influenza and severe colds for less than the cost of an urgent care co-pay.

Other services include NaPro Technology consultation; crisis pregnancy center support; and educational services such as speech therapy for both Catholic schools and in-home services, pregnancy and childbirth education classes offered via webinar,

and “The Wonder of Eve,” a mother-daughter sexual health educational program for adolescents which will also be offered by webinar.

My Catholic Doctor has a collaborative relationship with Solidarity HealthShare, and will be available to the health sharing ministry’s 11,000 members when it opens in September. The company will also be open to the public. The goal is to reduce costs while increasing access to care. My Catholic Doctor envisions providing broad-specialty services and 24/7 telehealth coverage at a competitive market rate and from the Catholic perspective patients desire.

My Catholic Doctor wants patients to know that they are not alone; our providers will walk with them and care for their physical *and* spiritual needs.

Dr. Berchermann is the chairperson of the CMA’s New Technologies Subcommittee and will be presenting at the CMA educational conference in the fall. [Her presentation, My Catholic Doctor: Building a Virtual Health/Telemedicine Practice, will be held during the 3:15 p.m. breakout session on Thursday, Sept. 20 in Crystal Ballroom VI.](#)



Catholic Health Care Should Remain Publicly Catholic

By
ANNE NOLTE, M.D.

AS DOCTORS, WE DESIRE THE BEST HEALTH OUTCOMES for our patients. I am a family doctor with an area of concentration in women's health and fertility, practicing at the Gianna Center in New York City. My practice is largely focused on women's health, gynecology, and infertility. As a result, the health outcome that I most desire for my patients is for them to not just be free from diseases and illnesses, but also to truly flourish in every aspect of their lives. I want them to have healthy relationships, free from abuse and manipulation, in which their dignity as women is respected by romantic partners. I want their relationships to be life-giving and for them to enjoy the health benefits of the long-term, monogamous relationship called marriage. I want them to get off of the merry-go-round of superficial, spirit-crushing relationships that are the hallmark of the "hook-up" culture, and which I have no doubt contribute to the epidemic of depression and suicidal ideation to which the media has recently, rightly, drawn attention.

As Catholics, we ask, "how do we evangelize the post-modern, secular humanist culture? As doctors, we ask, "how do I help to facilitate the best health outcomes for my patients?" When we founded the National Gianna Center in 2009, we did so with the conviction that the answers to these two questions are inseparably intermingled, that coming to know God was essential for any person to truly flourish, and that without a relationship with Him, something will always be lacking. We refused to accept the false dichotomy that religion and medicine should be separated. If God is our creator, then keeping His wisdom for human

flourishing as the guiding principles for all that we do, including the medical care that we offer to our patients, will inevitably lead to the best health outcomes for them. The tricky part has always been how to put these concepts into practice in the world of medicine.

We developed our model for a national network of faithfully Catholic medical centers, named after St. Gianna Beretta Molla, based on what we observed about the patients we serve who have already achieved the health outcomes we desired — from the young women committed to sexual abstinence before marriage who, avoiding all of the temptations of the "hook-up" culture, remain free of its pitfalls, to the married couples whose relationships actually become stronger and deeper when faced with hardships like an unexpected pregnancy, infertility, or adverse prenatal diagnosis. What was it about these women and men, who no matter what hardship they faced, never gave up on the choice for virtue, and as a result, enjoyed the physical, emotional, relational and spiritual health that we desired for all of our patients?



A common pattern emerged in their stories: At some point in their lives, they had an experience that awakened in them the conviction that God is real, is present in a hidden way in their lives, and desires an intimate and personal relationship with them. As a result of this experience, they began to seek to know this hidden God more deeply, through two means, prayer and education, or what we call "formation." This led to a deepening desire to live according to a set of virtuous principles and over time, with the practice of virtue, they became strong in their decisions to live according to the principles which ultimately protect their health and their hearts.

We recognized that as health care providers, we cannot *make* this happen — it occurs only through the power of God's gratuitous grace. But, we theorized, we can create a space in which the process can start, and we can support this process as it happens. We believe, and have preliminarily demonstrated, that the following four "core services" can be delivered as part of a medical-educational model and can accomplish meaningful change in human behavior that leads to better health outcomes:

- Creating a space for an individual to experience God as real through small group *lectio divina*
- Formation and education programs that support growth in virtue

- Access to effective methods of natural family planning (NFP), delivered by well-formed teachers and health care providers who are able to not just provide education about the biology of NFP but who, as a result of their own formation, can truly accompany couples as they use the methods;

- Access to reproductive health that is in line with Catholic ethics when reproductive health problems, like infertility and adverse prenatal diagnoses, arise.

At the same time that we founded the first Gianna Center for Women to deliver the natural family planning and medical services, we formed the John Paul II Center for Women to create and deliver the formation and education programs which complete our model. The John Paul II Center for Women is a nonprofit dedicated to promoting the Church's teachings regarding the dignity of women, the meaning of human sexuality and human relationships, the beauty of natural family planning alternatives, the need for authentically Catholic reproductive health care alternatives, and the importance of Catholic medical ethics. Through our commitment to these "core services," we lay the foundation for women and families to flourish and to obtain the health outcomes we have described.

Gianna medical centers serve all patients, Catholic and non-Catholic alike. Our goal is for every patient to leave her medical visit feeling empowered by the high quality,

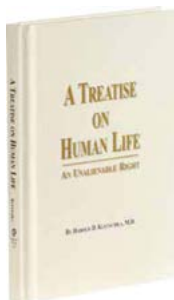
ethically-sound medical care that she has received, feeling that her concerns have been acknowledged, and feeling in a deep and profound way, that she has been cared for and loved as a person. Having experienced something so different from every other medical experience she has ever had, we hope she will leave wondering what makes us different and will recognize that what makes us different is that we are Catholic. In this way, even without saying a word, Gianna evangelizes the community, one patient at a time.

These individuals and families then evangelize the community around them, thereby extending the impact of the Gianna mission. These women and families live in the world. They accompany their friends and co-workers, and their influence starts the process of conversion for others. As others begin to walk down the path toward a relationship with God, the John Paul II and Gianna Centers stand ready to support them on the journey.

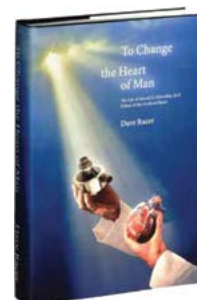
Dr. Nolte serves as the President of the New York Guild of the Catholic Medical Association, Chair of the Pro-life Commission of the Archdiocese of New York, and the Main Representative to the United Nations for the World Federation of Catholic Medical Associations. [She will present on this topic at the CMA educational conference during the 2 p.m. breakout session on Saturday, Sept. 22 in Crystal Ball Room II.](#)



Barbara Kletschka extends her gratitude to all members of the CMA for upholding the principles of the Catholic Faith in the practice of medicine



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Dr. Louise Smyth and Fr. Scott Francis Binet take a stroll.



Student Section Technology Officer Elaine Bilbily applauds the Bishop's Run participants.



Keynote Speaker Jere Palazzolo addresses members.



Dr. Thomas McGovern speaks with Student Section President Kate Kondratuk.



Executive Director Mario Dickerson and Elliott Bedford of Ascension Health discuss opportunities for collaboration.



President Dr. Peter Morrow speaks with colleagues.



Medical Student Michael Clark meets Dr. Frank McNesby.

Sharing Your Passion and Talent with the CMA

By
MARIO DICKERSON

What is the *one* thing you are passionate about that could benefit your colleagues in the Catholic Medical Association?

That was the main question of the Leadership Training Meeting and Medical Student and Resident Boot Camp held at the University of St. Mary of the Lake in Mundelein, Illinois June 21-24.

This year the Board combined the Leadership Training Meeting with the Boot Camp, which has been traditionally held in Philadelphia. The two events overlapped, with the Boot Camp running June 18-24. This allowed 53 students, the largest turn out to date, to attend the Boot Camp and benefit from the interactions with more than 55 experienced physicians from various specialties. These interactions

occurred through joint lectures, mentoring meals, and social activities in the evening such as trivia night, Med Student Bingo, and the first annual Bishop's Run. Additional benefits of this format included the ability to share speakers, as well as organizational resources making it more efficient and cost effective.

The Board of Directors still held their mid-year meeting by gathering a day prior to the Leadership Training Meeting. President Dr. Peter Morrow had the Board spend significant time examining how to improve membership retention. The research presented and small group discussions all led to clear, actionable items that will yield results in the years ahead.

The Boot Camp Committee, under the leadership of Dr. Frank McNesby, decided to make one major change to the curriculum this year: adding an additional day to the Boot



James Smyth plays the music for the Mass.



Participants attend daily Mass.



Bishop James D. Conley celebrates the Holy Sacrifice of the Mass.



Dr. Michael Stumpf and his teammates discuss answers during Trivia Night.



Medical Resident Lola Abdul



Dr. Lester Ruppensberger speaks with students at the Mentor Dinner.



Presenter Dr. Ashley Fernandes



Photos by Natalie Battaglia

Camp so that the students and residents could follow the Catholic Witness in Health Care textbook published by the CMA's Deacon John Travaline, M.D., and Louise Mitchell. The week began with a day on spirituality, a second on the philosophy of the human person, and the remaining days focused on clinical aspects of medicine.

The Student Section Board, under the leadership of Kate Kondratuk, decided that one of the main goals this year would be to double the attendance of students at the Boot Camp. Mission accomplished! We had the largest participation to date. Students in attendance represented many of the major medical schools from across the country.

Dr. Thomas McGovern and the Leadership Training Committee decided a name change was needed from the Mid-Year Meeting to the Leadership Training Meeting, which would more accurately define what occurs during

that time. The former name was focused on fulfilling bylaw requirements leading the Board to meet mid-year, whereas the new name focuses on fulfilling the mission of the CMA by developing leadership. To that end, a new feature this year was an in-depth, peer-reviewed media training with “in-front-of-the-camera” practical experience for how to effectively engage the media.

With each person focused on the one thing he or she was there to accomplish, it was a peaceful, focused and harmonious time – like a concert with each instrumental part making a beautiful symphony together. Won't you prayerfully consider how you can take one thing you are passionate about and put it at the service of your colleagues in the CMA?

Mario Dickerson is the executive director of the CMA.

The CMA Boot Camp: An Oasis in the Desert

By
SAMUEL MOTA-MARTINEZ

MEDICAL SCHOOL CAN BE A spiritual desert with one constantly looking for an oasis.

In the third week of June, along with 50 other medical students and residents, I participated in the CMA Medical Student and Resident Boot Camp. The week was the spiritual oasis which many of us so desired.

The Boot Camp was held at the Mundelein Seminary in Illinois. Much of our time was spent being reintroduced to the importance of daily prayer, the beauty of the moral teachings of the Catholic Church and developing Christ-centered relationships with fellow medical students from all parts of the United States.

Christ said, "Come to me, all you who labor and are burdened, and I will give you rest." (Matt 11:28) On a daily basis, we experienced that deep peace that can only be provided by God when encountering Him in prayer and in daily reception of the sacraments. The Mass was offered daily, Sacrament of Reconciliation was offered every evening, and Adoration of the Blessed Sacrament was made available several times during the week. It was in the silence that we reflected upon our past year and spent time simply being before our Lord. We were reminded that it is in prayer that we become attuned to the Holy Spirit and become who



God created us to be.

In addition to these times of spiritual growth, we attended lectures given by doctors of medicine, philosophy, and bioethics. These classes served to show us the reality of God's creation and how we can learn to think and act rightly in a culture which has become so confused about what is true, good, and beautiful. We experienced what Christ said in the Gospel of Matthew, "Take my yoke upon you and learn from me, for I am meek and humble of heart; and you will find rest for yourselves." With those words, we tackled heavy subjects from the immorality of oral contraceptive use to frustrate the conjugal act to the intrinsic evil of euthanasia. Wrestling with the wisdom of God equips us with understanding that affirms our faith and prepares us for evangelization.

God brought us all together to drink deeply of the life-giving waters of truth, goodness, and beauty so that we would know that we are never forgotten, and in fact, are constantly supported by His grace and mercy as well as our CMA colleagues. Fellowship reminds us that we are not alone in our upholding of the teachings of the Catholic Church, nor are we to doubt the truth of our beliefs when the world says the opposite.

We will have to return to the desert of our medical studies. When we do, we go carrying a renewed love for the Church and a true oasis within our hearts, Jesus Christ.

Samuel Mota-Martinez is a second year medical student at the University of the Incarnate Word School of Osteopathic Medicine in San Antonio, Texas.

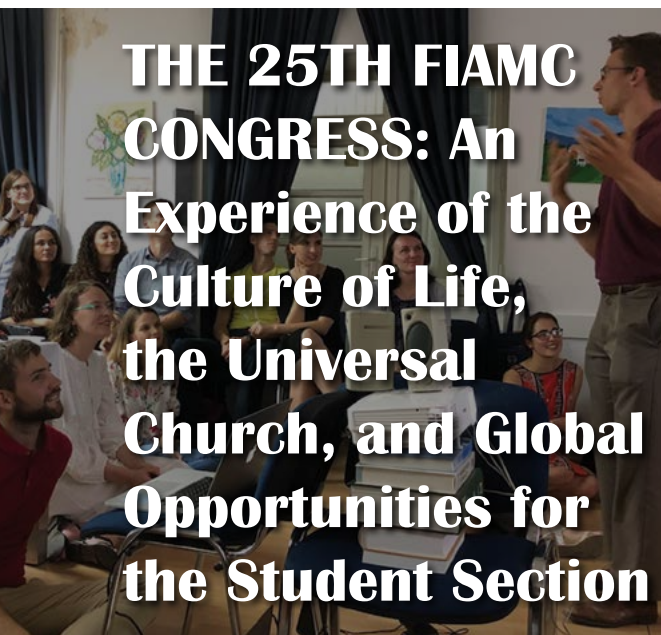
By

TUCKER BROWN

The World Federation of Catholic Medical Associations (FIAMC) gathered members from around the globe for its 25th Congress to pray, learn, deliberate, brainstorm and plan new ways to serve God and others through medicine.

It took place in the beautiful city of Zagreb, Croatia May 30-June 2, and the theme was "Sanctity of Life and the Medical Profession from Humanae Vitae to Laudato Si." The Carmelite Sisters of the Divine Heart of Jesus offered their tranquil convent to provide affordable and peaceful lodging for students. They even prepared breakfast each morning and invited students to join them in the celebration of the Holy Sacrifice of the Mass. There were about 75 medical students, residents, and young physicians in attendance at the Congress. Croatian students and physicians made up the majority, but there were two students from the U.S., students from Singapore and Japan, and young physicians from Brazil and New Zealand. Many other countries were represented by more seasoned physicians. Together, students shared beautiful Masses, a city tour through Zagreb, late-night rosaries, many stories, singing and dancing, in

THE 25TH FIAMC CONGRESS: An Experience of the Culture of Life, the Universal Church, and Global Opportunities for the Student Section



addition to the work of the Congress.

Much like the CMA's national conferences, the Congress took place in the Westin Hotel featuring large morning talks, breakout sessions, poster presentations, and time to get to know one another during coffee breaks and meals. In addition to the more typical conference experiences, there was also an opportunity to join in the Mass and procession for the Feast of Our Lady of the Stone Gate. It seemed as though the whole city was at Mass with standing room only, and the procession filled the streets with joyful singing — a moving experience of worship as the universal Church.

There were four messages that rang through the Congress in various talks and conversations. First, the importance of striving for faithfulness to the little missions to which God has called each of us and trusting in Him amid pervasive global challenges and suffering. Second, the need to serve God through building up community, especially the community of the Church, but also in our workplaces and neighborhoods. Third, the call to witness to Truth both in the subtleties of daily life — like a smile that speaks “I see the good in you” — and in more explicit ways like talks demonstrating objective morality. Finally, there was a sincere call for more support of health care professionals and of patients largely in the form of pastoral care. The Congress gave attendees a powerful glimpse of the universal Church and the experience of the Culture of Life or, what Pope Francis might call, the Culture of Encoun-

ter. People gathered from all over the world with different languages, cultures and unique histories and yet they were all united by Christ in the particular mission to serve Him in the sick, the vulnerable, and the spiritually wounded through the medical profession. Not only was the universal nature of the Church palpable, but the hope for us to continue to build the Culture of Life was strengthened through prayer and the joyful culture within the Congress itself.

The FIAMC Congress brought forth many new ideas to consider for collaboration between medical students and residents around the world. The potential is there for students to serve and grow through the development of an international student and resident section council, making the CMA Boot Camp more accessible to international students, sharing existing medical mission opportunities and creating new ones, and fostering community between groups of students from different countries. The FIAMC seems to have a lot of potential to help students and doctors serve and grow, especially in the care of the most vulnerable. Please pray for the students and residents and also for FIAMC, and ask God if He is calling you to grow and serve through the Federation.

Tucker Brown is a member of the Philadelphia Guild and the past president of the CMA Student Section. He is currently discerning the priesthood at St. Charles Borromeo Seminary in Philadelphia.

END OF LIFE FORUM • Wednesday, Sept. 19, 2018



Elliott Bedford Ph.D.



Fr. Dan Mindling



Wes Ely, M.D.



Karen O'Brien, M.D.



Fr. John Raphael



Deacon Alan Rastrelli, M.D.



Natalie Rodden, M.D.



Rafael Rosario, M.D.



Bob Sawicki, M.D.



M.C. Sullivan R.N., J.D.



Bill Toffler, M.D.



Jozef Zalot, Ph.D.

Come join in the Catholic Medical Association's inaugural pre-conference forum on end of life issues!

The forum will be held the day prior to the annual conference and will be an educational day featuring experts from around the country speaking on this topic through spiritual, ethical, and clinical lenses. This forum will showcase the emerging field of palliative medicine and how it authentically provides care for those with serious illness and at the end of life with dignity and love, completely consistent with Catholic teaching. Register at cathmed.org/events/registration

Second Annual Catholic Medical Student Oath ceremony

By

PAUL J. CAMARATA, M.D.

CATHOLIC MEDICAL STUDENTS FROM THE UNIVERSITY of Kansas School of Medicine participated in the second annual Catholic Medical Student Oath Ceremony, where graduating students take the Hippocratic Oath containing the original content, and are led in the Promise of a Catholic Physician by Archbishop Joseph F. Naumann of the Diocese of Kansas City in Kansas.

Nearly 2,400 years old, the Hippocratic Oath has typically been taken by physicians when they finish schooling, in which they swear to uphold certain ethical standards. Among other things, it calls on the newly minted physicians to pledge not to perform abortions, not to give poison to patients or harm them, not to abuse patients, and to maintain strict confidentiality. In recent years, however, most doctors taking the oath have taken a watered down version, one which explicitly removes any pledge to not perform abortions or participate in euthanasia. Guild Treasurer Dr. Joshua Mammen had taken the oath with original content



Kdog Photo LLC

in a ceremony led by Nobel Laureate Dr. Joseph Murray upon his graduation from medical school. At his suggestion, the Guild decided to bring back the oath with the original content, and the students embraced it.

Archbishop Naumann has been incredibly supportive of the SS. Cosmas and Damien Guild of the CMA in Kansas City, and has encouraged the growth of both the guild and the student chapter. He has met with the student group in the past and will again this fall. He has also celebrated the Catholic student graduation Mass twice, each time administering to the students the Promise of a Catholic Physician.

Dr. Camarata is the vice president of the SS. Cosmas and Damien Guild of the CMA and advisor for the CMA student chapter at the University of Kansas School of Medicine.

2018 STUDENT SECTION LEADERS AND CHAPTERS



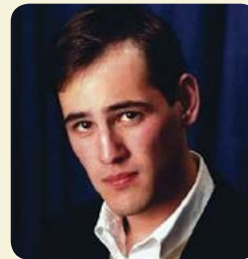
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Vanderbilt School of Medicine's Society
of Saints Cosmas and Damian
Virginia Commonwealth University

Curing the Soul: Forming Authentic Community in Medicine

By
SALLY KURZ, M.D.

MOTHER TERESA ONCE DESCRIBED ISOLATION and loneliness in the following way: “The greatest disease in the west today is not TB or leprosy; it is being unwanted, unloved, and uncared for. We can cure physical diseases with medicine, but the only cure for loneliness, despair, and hopelessness is love.”

The modern culture in which we live is one of isolation, often leaving people feeling “unwanted, unloved, and uncared for.” People are largely connected via social media sites but can hardly make it through a dinner conversation without peeking at their smartphone. We are frequently glued to our screens, eating up the polished, perfected details of our friends’ lives presented in a filtered photo and 280 characters or less. While there is some sense of community provided in an online forum, it is no replacement for a real, in-person relationship. Unfortunately, more and more of our daily lives are headed toward an isolated lifestyle. Whether it be working all day in a cubicle or zoning out to Netflix at the end of the day, there are many occasions to isolate oneself; opportunities to form authentic community are few and far between.

This lifestyle of isolation often leaves us feeling empty as we were not made to live alone; we were made to commune with God and with others. God puts it rather simply when He said, “It is not good for man to be alone.” (Gen 2:18) And as physicians, we often see the symptoms of this lack of goodness in rising rates of chronic diseases.

It is our privilege to share with Jesus in the healing of physical bodies; however, as Catholic physicians we are called to more. We are called to minister to the body and soul, just as the Divine Physician does. I believe that part of that healing takes place when patients are not alone anymore. Now, the last place one might expect to find a community would be at the doctor’s office. However, through shared medical appointments, or group care, individuals can come together, led by a health care professional, in pursuit of better health. While this is not exactly a new concept, it is one that I believe is a unique

reflection of a Catholic worldview. What better way to reflect the love of the Trinity than by creating a way for patients to simply exist together, rather than by themselves?

I had the wonderful opportunity to put this into practice over the past year of my residency, and I hope to incorporate a similar model into my future practice. There are many models of group care for a variety of conditions such as diabetes, depression, chronic pain, and prenatal care. Over the past year, I was able to help establish a popular model of group prenatal care in my residency program. Whereas these group appointments usually take place in the office, we decided to truly meet our patients where they were by hosting the group classes at one of our local maternity shelters for pregnant adolescents.

Sessions were regularly scheduled throughout pregnancy, usually lasted about 2 hours, with groups comprised of 7-9 patients. Each session always included a brief individual physical assessment, including measurement of blood pressure and weight, checking fetal heart tones with the Doppler, and checking for protein and glucose in a urine sample. The sessions then moved on to a group discussion on the topic of the day. Topics included nutrition and exercise in pregnancy, preparation for labor and delivery, postpartum issues, and infant care. Because a physical assessment and prenatal counseling were done at each session, it could always be billed as a regular prenatal visit. However, this was no regular prenatal visit — during these sessions, patients had eight times the typical amount of allotted time for a visit with their doctor. But they also had a community of women surrounding them, all sharing this experience together. While being a pregnant teen can be very scary and lonely, we watched these patients grow together and learn from each other. We watched them form a community and support one another.

There are many patients who would benefit from knowing that they are not alone. Whether it be a wanted pregnancy or an unwanted disease, “it is not good for man to be alone.” The concept of group care provides us as Catholic physicians with a unique niche to help our patients feel wanted, loved, and cared for and to know that they are not alone.

Dr. Kurz serves as the president of the CMA Resident Section.

Medical Student and Resident BOOT CAMP

First time attendees Drs. Marioxy Contreras and Lola Abdul share their thoughts on the weeklong spiritual, ethical and medical formation known as Boot Camp, which is a CMA program for medical students and residents. It is an intensive formation experience of prayer,

study, practical training, and mentoring with leading Catholic Medical Association physicians, priests, and moral theologians. This year Boot Camp took place at the University of St. Mary of the Lake in Mundelein, Illinois June 18-24.



Marioxy Contreras, M.D.

"I got my medical degree in Venezuela and I came here escaping an oppressive dictatorial political system. It's only thanks to the CMA's sponsorship that I had the opportunity to attend the boot camp. I am happy to be in such a beautiful place surrounded by amazing people that give testimony with their lives. A Catholic physician should be one that sanctifies his or her life at work, and therefore, has a big responsibility to seek a good formation in the reasons that the Church gives in certain topics. In these days we have studied the human person from an anthropological standpoint and the implications of the medical practice in the actual health care system. I have had a wonderful week meeting science and faith. My only regret is not coming to the boot camp sooner but God has a time and a plan. I will apply for residency in September and I leave here reassured with hope and a new family that will pray for me."

Lola Abdul, M.D.

Third year resident at Mayo Clinic, Rochester, N.Y.

"Boot camp is amazing. I love the people and atmosphere. Immediately you connect with your faith. Our typical medical training is all about techniques and knowledge and that's all important, but it's not sustainable in our mission and calling to selfless service and sacrifice. Jesus is the model, the true physician to emulate and here we learn how to do that."



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The CMA Takes a Stand at the American Medical Association's Annual Meeting

By
PETER MORROW, M.D.

LITTLE DID WE KNOW THAT THE FOLLOWING words of Pope Benedict XVI from 2012 would so perfectly describe the work of the CMA at the American Medical Association's annual meeting in Chicago last month:

"Here once more we see the need for an engaged, articulate and well-formed Catholic laity endowed with a strong critical sense vis-a-vis the dominant culture and with the courage to counter a reductive secularism which would delegitimize the Church's participation in public debate about the issues which are determining the future of American society."

Eight CMA physicians gave testimony in support of the Council on Ethical and Judicial Affairs (CEJA) recommendation that the AMA continue its long-standing opposition to Physician Assisted Suicide (PAS). They highlighted the following regarding PAS:

- PAS undermines the integrity of the physician's role as healer;
- There is no evidenced-based medicine to support PAS;
- Patient autonomy should be respected, however, it is not absolute and must be balanced with other principles. It cannot stand alone.
- Emphasis should be placed on providing better support

to our patients when fear and a sense of loss causes them to consider PAS.

Unfortunately, when it came to a final vote, the CEJA recommendation was defeated by a narrow margin. This vote opens the door to a potentially significant shift in policy at next year's AMA meeting. It would appear that there is a division between those in the AMA who believe in Hippocratic medicine based on natural moral law, and those who hold to a view of secular bioethics tied to unrestricted autonomy.

The New Evangelization calls upon the lay faithful to bring Christ into the places in the public realm where He is now being excluded. Dr. Diane Gowski, the Florida state director for the CMA, has answered this call by becoming involved in the American Medical Association: "I rejoined the AMA given the ever-advancing ethical issues which threaten our practice of medicine. If such issues as abortion and PAS are not confronted head on, then evil simply marches forward."

The CMA's active participation in the AMA most definitely requires the perspective of playing the long game. As we step out in faith, we know with certainty that God will use our efforts in ways we do not always see. In this important work, St. Teresa of Calcutta provides us not only with inspiration but much needed wisdom as well: "God has not called me to be successful. He has called me to be faithful."

Dr. Morrow is the president of the Catholic Medical Association.



President Dr. Raul Enad, NW Indiana Guild, speaks on prayer and meditation for healing physicians and nurses.



Ethicist Elliot Bedford, Ph.D. speaks on the moral and ethical implications between ordinary and extraordinary means of medical intervention.



President Dr. Chris Stroud, NE Indiana Guild, speaks on NFP, Contraception, and Plan B.

Indiana's MedCon 2018 and Beyond: Reaching Medical and Pre-Medical Students

By
THOMAS W. MCGOVERN, M.D.

After working with a Catholic institution that expressed great interest in collaborating with the CMA to put together an outreach and formation program for pre-med students, I was told to slow down — the process would take years. I was greatly disappointed. Our culture needs Catholic physicians, and our secular culture is de-forming future physicians before they ever step into a medical school.

However, only six days later, Providence struck. While hosting our second MedCon in Fort Wayne, Indiana, I stepped up to an exhibitor table for Marian University's College of Osteopathic Medicine (MU-COM) — which is two hours south of Fort Wayne — and said to the man

behind the table, "I'm so happy to see you here," to which he replied, "And I was planning to see you here."

I had asked one of the executives at Marian University if he would advertise MedCon 2017 to the medical and pre-medical and nursing students. Instead, he asked the Dean of the Medical School to attend — the "man behind the table" was Donald Sefcik, D.O., Dean of the newest Catholic medical school in the country.

Dr. Sefcik said to me, "Tom, since you guys are putting out so much effort to plan this here, would you consider planning it and putting it on at MU-COM? By the way, we will provide administrative assistance in planning and a free venue. And maybe you could let some students attend." Wow! Talk about a rapid providential turn of events!

Within a few weeks, I had persuaded/begged/coerced



President Dr. Raul Enad, NW Indiana Guild, confers with visitor Dr. David Hilger of Omaha NE, CMA regional director representative.



Kailyn Andersen, Event Planner, Marian University College of Osteopathic Medicine.



Dr. Amber Day speaks to students and residents on a panel about how to keep the faith during medical training.

other physicians from all five Indiana CMA guilds to give presentations on April 14, only six months from the day of Dr. Sefcik's invitation. If there was only one student who would be better formed because of all this work to complete before the end of the academic year, I wagered, it would be worth it. MedCon 2018, "What does it mean to be a Catholic Physician or Nurse in 2018," had about 50 medical, pre-medical, and nursing students and 30 physician and nurse attendees. Friday evening, I gave a presentation to about 50 students, "What Specialty Should I Choose?"

Saturday's topics included "Counseling the Unborn Patient: Fetal Surgery" by Dr. Brandon Brown; "Medical Care of the Undocumented Immigrant" by Dr. Peter Rosario; "Is it Ordinary or Extraordinary Means" by ethicist Elliott Bedford and Dr. Eustace Fernandes; "How Far Can I Go?: Conscience and Cooperation with Evil" by Dr. John Rice and Fr. Glenn Kohrmann; and "Prayer and Meditation: Healing Body and Soul" by Dr. Raul Enad. Dr. Jeff Berger, Medical Director of Guest House Addiction Treatment Center for Priests and Religious, gave the Keynote Presentation "Addiction: Genesis and Treatment." All talks, except the keynote that suffered technical difficulties, are recorded and available for [free viewing on the Members Only section of the CMA Website*](#).

According to the feedback I received from the students, they loved it. They said they enjoyed the opportunity to network with physicians leading lives they want to live someday. Their main complaint, "We want more students here next year." Their other complaint: "We want a conference that is not overtly Catholic so we can persuade more of our fellow students to attend."

Message heard and received, and will be reflected in MedCon 2019: "The Joy of Medicine." The conference will be held March 22-23, 2019 at Marian University's College of Osteopathic Medicine with the hopes of reaching more students. To that end, Dr. Sefcik has also advised his faculty and course directors "to minimize the curricular load at this time" and MU-COM development has set a goal of raising funds to cover the cost of 100 student attendees. Please pray for the growth of this initiative to reach out state-wide to medical and pre-medical students and other health professional students.

Dr. McGovern is the Program Chairman for MedCon 2018, 2019. For offers of help in promoting or putting this on or for questions, please contact Dr. McGovern at twmcgovern@comcast.net.

*Log in to your member account and click on the **Members Only** section. Click on the menu item **MedCon2018** to see the talks

Allentown Guild to Kick Off "Red, White & Blue" Mass

By
DEACON BRUNO SCHETTINI, M.D.

This fall, on the 17th anniversary of 9/11, the Allentown Guild of the Catholic Medical Association will cosponsor a "Red, White & Blue" Mass of Thanksgiving in honor of first responders, health care workers and legal professionals.

The chaplains of the Saint Thomas More Society had a desire to begin the tradition of an annual "Blue" Mass by having the lawyers and health care workers inaugurate it with a "Red, White, and Blue" Mass. A Mass honoring police officers, firefighters, and first responders was celebrated on September 11, 2002 in Allentown. In light of recent hostility and dangers faced by police officers, firefighters and first responders, a "Blue" Mass will be a means of showing support and offering dedicated prayers for these public servants. The planning committee hopes after this celebration that a motivated core group will be inspired to initiate a new tradition of an annual "Blue" Mass. The event is also being supported by the local councils of the Knights of Colum-

bus whose membership includes many of the first responders in the Diocese.

The special Sept. 11 Mass will be held at 6:30 p.m. at the Cathedral of Saint Catharine of Siena in Allentown, where the Most Reverend Alfred A. Schlert, Bishop of the Diocese of Allentown, will be the main celebrant. Concelebrants will include Father John Krivak, the chaplain of the Allentown Guild, and Msgr. Edward Coyle, the chaplain of the Saint Thomas More Society. Transitional Deacon Giuseppe Esposito, a nurse, and Permanent Deacons Ed Girard, the chaplain of the Allentown Police Department, and Joseph Cannon, a Deputy Fire Chief from Carbon County will also assist at the Mass.

A reception will follow in the Cathedral Parish Center.





New Bishop Inspires and Supports Tampa Bay Guild

By

JOHN R. HAMILL, JR., M.D. & DIANE GOWSKI, M.D.



THE TAMPA BAY GUILD OF ST. PHILOMENA IS based in the St. Petersburg Diocese of Florida which consists of 470,000 Catholics and six Catholic hospitals. The Diocese is celebrating its 50th anniversary and its bishop, the Most Rev. Gregory L. Parkes, recently met with Guild President John R. Hamill, Jr., M.D.; CMA Florida State Director Diane Gowski, M.D. and guild member Dr. Debra Gramlich, the Medical Director of the St. Gianna Center, to discuss how the CMA can provide more outreach and support within the Diocese to enhance the diocesan vision of “courageously living the Gospel.” The Diocese’s focus is on evangelization, alleviating social and economic hardships and meeting the spiritual needs of youth and young adults. Bishop Parkes also appointed a new guild chaplain, Father Paul Pecchie, to provide spiritual direction. He is the pastor of St. Anthony the Abbot in Brooksville, Florida.

“I am delighted to offer spiritual assistance, and to help Catholics in the medical profession to see how their faith enhances and completes their medical training and does not inhibit it as the modern world is dictating,” Father Pecchie said.

The Guild’s 10th annual “White” Mass, celebrated in the

fall of 2017, was the first with Bishop Parkes, who was the main celebrant. Over 100 members and guests enjoyed dinner and fellowship following the celebration of the Holy Sacrifice of the Mass. Fr. Scott Francis Binet, the CMA regional director representative, was the guest dinner speaker, who was introduced and hosted by Guild Vice President Dr. Patrick Tomeny. The next “White” Mass will be celebrated on August 11, 2018 with Bishop Parkes as the main celebrant at the beautiful Bethany Center in Tampa. Dr. Michael Parker, CMA regional director representative, will speak on the topic of evangelization in medicine. His talk — *Am I Peter or am I Paul? Who will they say that I am?* — will challenge CMA members to embrace and support the faith in the daily practice of medicine.

A Transformative Initiative: Kansas City Guild's "First Saturday" Formation Program

By
RANDY BROWN, M.D.

“FIRST SATURDAYS” IS A GRASS ROOTS INITIATIVE that has helped reconnect many Kansas City Catholic doctors with Christ. Under the guidance of the Holy Spirit and through the intercession of Saints Cosmas and Damian, this initiative is a collaboration between the School of Faith, the formational arm of the Archdiocese; the priests of the Apostles of the Interior Life, whose charism is centered in spiritual direction; and the SS. Cosmas & Damian Guild, now in its ninth year. The purpose is to provide area Catholic doctors with a combination of Mass, Reconciliation, and formation led by School of Faith founder and theologian, Michael Scherschligt as a way of strengthening the medical community.

The program covers a broad range of medical and spiritual topics related to many of the contemporary issues facing Catholic doctors today. “First Saturdays” utilizes an interactive format. The goal has been to light the fire of the Holy Spirit in Catholic doctors so that they may become missionary disciples integrating Christ and His Church fully into their lives.

Over the past four years, “First Saturdays” has helped transform the lives of many local physicians and their families, inevitably impacting their parishes, practices and hospitals. Organized and united in truth, Catholic physicians with the authority of the CMA, the spirituality of the School of Faith, and the full support of both the Archdiocese of Kansas City and the Archdiocese of Kansas City-Saint Joseph, have begun a transformation of Catholic health care in Kansas City. Since its inception, “First Saturdays” has experienced durable growth. By sharing the Sacraments and world class formation, many KC Catholic doctors have become united in their support of the Church and each other.

Recently, a total of 27 missionaries from Kansas City, comprised of several KC CMA doctors and their families, visited Mexico City through the nonprofit Hope of the Poor. There they served food to some of the poorest families of Mexico City who live and work at the city’s landfill and at a homeless women’s shelter. The desire of the KC CMA is to



make this an annual mission trip by leading other similar groups into the mission field for solidarity with the poor.

One promising recent addition to “First Saturdays” has been the inclusion of spouses and adult children in the program. This opportunity has allowed doctors and their families to become closer and stronger by frequenting the Sacraments together and growing in virtue through formation. In fact, this new energy has propelled the Guild to continue the program now through the summer months which were, in the past, taken off for summer activities.

Besides “First Saturdays,” the Guild engages the greater Kansas City health care community through other programs such as the “White” Mass and the fall Bioethics Dinner. The KC CMA is run by a strong board of 10 active Catholic doctors who meet every other month before rounds. All of the programs of the KC CMA have added to the Guild’s recent strength, but the relational and spiritual attributes of “First Saturdays” has been the bridge to authentic discipleship within the Kansas City health care community.

Still, many Catholic physicians remain outside of the Catholic Medical Association both locally and nationally. It is the prayer of the KC CMA that programs like “First Saturdays” will inspire other guilds and communities to form similar outreach to all of our Catholic physicians and colleagues.

Dr. Brown is president of the Kansas City SS. Cosmas & Damian Guild.





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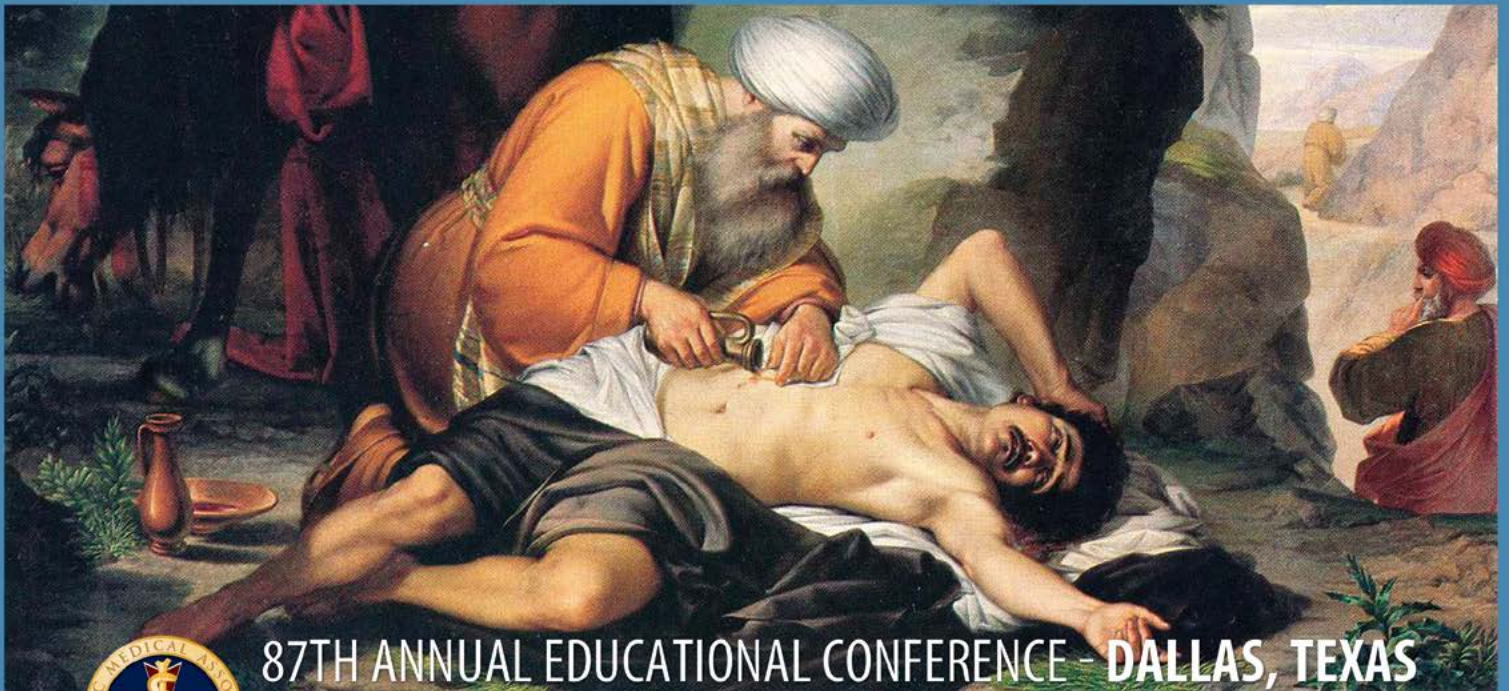
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